

**CONFIDENTIAL**

**DRIVER MEDICAL EVALUATION**

**Instructions:** Print clearly and legibly. If any section of this form is incomplete, it may be returned to the medical specialist for completion.

**APPLICANT INFORMATION**

FULL NAME (Printed)	DRIVER LICENSE NUMBER
MAILING ADDRESS (including city, state, zip)	DATE OF BIRTH

**APPLICANT:** Permission is hereby granted for the release of the medical data below, and other medical history applicable in my case, to the South Dakota Department of Public Safety, Driver Licensing Program. I certify that I am currently under the care of this physician and I continue to take all medications prescribed.

I declare and affirm, under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. Any false statement or concealment of any material facts subjects my license to immediate cancellation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**DOCTOR:** Your experience and knowledge of the patient's condition, results of medical examinations, and treatment plans will be of great value in assisting Driver Licensing to make a determination for proper licensing. Please answer all questions that are applicable to your patient's condition. South Dakota Statutes 32-12-5.1, 32-12-32, 32-12-35 and 32-12-49, give the department the authority to cancel a person's driver license and/or deny a driver license to a person who has a medical condition that in the opinion of their treating physician results in the patient's inability to safely operate a motor vehicle. The information contained in the report is confidential and will be used to determine eligibility/restrictions for licensing.

**THIS FORM MAY ONLY BE COMPLETED & SIGNED BY A QUALIFIED MEDICAL PROFESSIONAL – Information must be from exam within last 6 mos.**

**EXAMINATION INFORMATION** (check all that apply and please do not abbreviate)

A medical examination was completed on this patient for the following:

<input type="checkbox"/> EPILEPSY, SEIZURE DISORDER OR SEIZURES <input type="checkbox"/> LOSS OF CONSCIOUSNESS	<input type="checkbox"/> OTHER _____ <input type="checkbox"/> LOSS OF MUSCULAR CONTROL <input type="checkbox"/> LOSS OR IMPAIRMENT OF A LIMB
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HOW LONG HAS THE ABOVE APPLICANT BEEN YOUR PATIENT?	DATE OF LAST EPISODE?
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**IN MY PROFESSIONAL OPINION**

- ☐ this patient's condition is being medically controlled
- ☐ this patient's condition does not affect his/her ability to safely operate any type of motor vehicle
- ☐ this patient's condition renders him/her incapable of safely operating any type of motor vehicle
- ☐ this patient's condition does not affect his/her ability to safely operate a private motor vehicle; However, he/she should not operate a heavy vehicle (Class A or B type vehicle).
- ☐ the following restrictions should be placed on the applicant's driver license: ☐ NONE

<input type="checkbox"/> AUTOMATIC TRANSMISSION	<input type="checkbox"/> NO NIGHT DRIVING
<input type="checkbox"/> NO DRIVING OUTSIDE OF TOWN	<input type="checkbox"/> MUST STAY WITHIN A 50-MILE RADIUS OF RESIDENCE
<input type="checkbox"/> SPECIAL EQUIPPED VEHICLE	
<input type="checkbox"/> OTHER RESTRICTIONS: _____	
- ☐ this patient should be required to submit a "Driver Medical Evaluation" annually to the Department to determine if patient meets licensing standards
- ☐ this patient should be evaluated by a specialist in another field for the purpose of determining Safe driving. Type of specialist recommended: \_\_\_\_\_  
(EX: Neurologist, Occupational Therapist, etc.)

**Please see reverse side of form**

ADDITIONAL INFORMATION

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PRINT NAME OF QUALIFIED MEDICAL PROFESSIONAL	CLASSIFICATION/SPECIALITY	MEDICAL LICENSE #
MAILING ADDRESS (including city, state, zip)		CONTACT PHONE NUMBER
AUTHORIZED SIGNATURE		DATE
<i>Should you have any questions regarding this form, please contact the Driver Licensing Program at 605-773-6883.</i>		
MAIL TO:	South Dakota Department of Public Safety Driver Licensing Program 118 West Capitol Avenue Pierre, SD 57501	OR Fax to: 605-773-3018